

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091478,188	FILING DATE 01-05-00					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2		/					52	/				
3		/					53	/				
4	/						54	/				
5		/					55	/				
6		/					56	/				
7		/					57	/				
8		/					58	/				
9		/					59	/				
10	/						60	/				
11	/						61	/				
12	/						62	/				
13	/						63	/				
14	/						64	/				
15	/						65	/				
16	/						66	/				
17	/						67	/				
18	9						68	/				
19	9						69	/				
20	9						70	/				
21	9						71	/				
22	/						72					
23	/						73					
24	/		1				74					
25	/		1				75					
26	/		1				76					
27	/		1				77					
28	/		1				78					
29	/		1				79					
30	/		1				80					
31	/		1				81					
32	/		1				82					
33	/		1				83					
34	/		1				84					
35	/		1				85					
36	/		1				86					
37	/		1				87					
38	/		1				88					
39	/		1				89					
40	/		1				90					
41	/		1				91					
42	/		1				92					
43	/		1				93					
44	/		1				94					
45	/		1				95					
46	/		1				96					
47	/		1				97					
48	/		1				98					
49	/		1				99					
50	/		1				100					
TOTAL IND.	11		1				TOTAL IND.					
TOTAL DEP.	92		17				TOTAL DEP.					
TOTAL CLAIMS	103		18				TOTAL CLAIMS					